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PERSONNEL
29 July 1954

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GEHA file
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EMPLOYEE SERVICES

INSURANCE AVAILABLE TO AGENCY EMPLOYEES

1. GENERAL

- a. Pending publication of a Regulation on Employee Services, this Notice announces two new insurance plans and summarizes the coverage and eligibility requirements of the life and health insurance plans currently available to personnel through facilities in the Agency. In certain instances, security considerations have precluded an individual's application for coverage, or the approval thereof, under the old plans described.
- b. It is the purpose of this Notice to describe the available life and health insurance plans to employees so that they will have adequate information on which to base their decisions concerning this important aspect of their welfare. In this connection, the Agency has developed these insurance programs in order to provide employees with better benefits and to avoid the following problems:
 - (1) Commercial insurance companies have become somewhat cautious about selling insurance to Agency employees because of the possibility of hazardous duty. As a result, some companies will insure Agency employees only for limited amounts and usually under conditions which preclude the payment of benefits as the result of hazards sometimes found in overseas areas.
 - (2) Because of security considerations, it is sometimes difficult to release sufficient information to insurance companies so that under their policies they can appropriately pay claims.
- c. These insurance plans are sponsored by the Government Employees Health Association, Inc., (GEHA), which is a nonprofit organization made up entirely of Agency personnel. Administration of this program is effected by the Insurance and Claims Branch, Employee Services Division, Office of Personnel. With regard to this insurance, employees will direct any inquiries concerned with life and health insurance to the Insurance and Claims Branch. Inquiries must not be directed to the companies underwriting insurance plans previously or currently sponsored by GEHA.
- d. Attached is a brochure entitled "Life Insurance and Health Insurance" prepared by GEHA, which explains in considerable detail the premiums and benefits of the new insurance programs now being offered to employees. The attention of all employees is specifically invited to the announcement that the initial application period for these new insurance plans will take place during the period 1 August 1954 to 31 October 1954.

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- e. Applications for these insurance plans may be obtained from the Insurance and Claims Branch, Curie Hall, extensions []

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2. LIFE INSURANCE

Two life insurance plans are available for Agency employees, as indicated below. For several years eligible Agency employees have been able to purchase the War Agencies Employees Protective Association (WAEPA) life insurance through GEHA. At this time, GEHA announces that it is offering a new life insurance policy which can be purchased by all Agency personnel in varying amounts of face value at very low premium rates. See Attachment 1 for a comparison of these life insurance plans.

a. New United Benefit Life Insurance

This new term life insurance, as described in the attached brochure, may be purchased by members of GEHA who are Staff Employees, Staff Agents, or Contract Employees, or who are civilian or military personnel detailed to the Agency (in the case of Contract Employees, evidence of insurability by medical examination is a requirement in addition to approval of the application by the Station or Mission Chief and evidence of an appropriate contract on file at headquarters). The relationship and procedures between GEHA and the underwriting company for this policy are such that when necessary for security reasons, the names of employees or their beneficiaries will not be given to the insurance company. Furthermore, it will be possible to handle benefit payments, when necessary, through channels which will not reveal the beneficiaries' association with the Agency.

b. WAEPA Life Insurance

Subject to security considerations, WAEPA term life insurance and accidental death coverage is currently available to civilian Staff Employees of the Agency through GEHA. The eligibility of Staff Agents, Career Agents and Contract Employees must be determined on an individual case basis. Military personnel are not eligible. All applicants must be citizens of the United States or have taken out first papers toward citizenship. The coverage provided and related premiums, based on the employee's salary, are described in WAEPA brochures available from the Insurance and Claims Branch. It is anticipated that this policy will continue to be available to eligible employees.

3. HEALTH INSURANCE

The Agency has been sponsoring two insurance programs for hospitalization and surgical coverage through the management of GEHA and the Insurance and Claims

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Branch, Employee Services Division, Office of Personnel. One has been a policy underwritten by the Mutual Benefit Health and Accident Association of Omaha, Nebraska. This insurance coverage is now replaced by a new plan, underwritten by the same company. The new policy is a substantial improvement over the old one and in its premium range represents one of the finest "health" insurance "packages" available to any group of people in the country. The second insurance plan which has been available is Group Hospitalization Incorporated (GHI) with its supplemental surgical service coverage. Attachment 2 compares the benefits and premiums of the new Mutual of Omaha plan and GHI.

a. New Mutual of Omaha Health Insurance Plan

In offering the new policy the insurance company has required that the old master policy contract be terminated at the earliest practicable date. In this connection current subscribers to the old Mutual of Omaha policy should convert to the new plan during the initial application period for new Mutual of Omaha Health Insurance which will take place during the period 1 August to 31 October 1954. However, employees who are overseas will be able to continue their old Mutual of Omaha plan until it is administratively feasible for them to convert. The new insurance plan, as described in the attached brochure, may be purchased by members of GEHA who are Staff Employees, Staff Agents, or Contract Employees or who are civilian or military personnel detailed to the Agency (in the case of Contract Employees, evidence of insurability by medical examination is a requirement in addition to approval of the application by the Station or Mission Chief and evidence of an appropriate contract on file at headquarters). As in the case of the new life insurance, the procedures between GEHA and the underwriting company have been developed specifically with a view to security considerations. Suitable credentials will be given to all subscribers as a guarantee for immediate admittance to any hospital. Claim payments up to the full limit of the subscriber's contract are guaranteed to the hospital. This eliminates the possibility of rejection of any claim. A subscriber may authorize the Insurance and Claims Branch to pay the hospital directly.

b. GHI

Subject to security considerations, GHI insurance with its surgical service coverage is currently available to Staff Employees including military personnel detailed to the Agency who hold positions comparable to Staff Employees. The eligibility of Staff Agents must be determined on an individual basis. Other personnel may not apply for this insurance. Such personnel currently covered by this plan are not affected by this limitation. This insurance program provides "service" type coverage (certain costs are handled directly between the hospital and/or doctor and GHI). This "service" feature is not available when the individual

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and his family are overseas, in which case GHI reimburses the certificate holder, at substantially lower benefits rates through the Insurance and Claims Office. In general, this program cannot be handled in as secure manner as the new Mutual of Omaha health insurance plan. It is anticipated that the GHI plan will continue to be available to employees.

FOR THE DIRECTOR OF CENTRAL INTELLIGENCE:

L. K. WHITE
Deputy Director
(Administration)

Attachments

DISTRIBUTION: ALL EMPLOYEES

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COMPARISON OF LIFE INSURANCE PLANS

New United Benefit Life Insurance Plan

(Schedule of benefits and monthly premiums)

<u>Class</u>	<u>Face Amount</u>		<u>Accidental Death Benefit</u>	<u>Total Coverage</u>	<u>Monthly Premiums</u>
Class 1	\$ 3,000	plus	\$ 3,000	\$ 6,000	\$ 1.83
Class 2	\$ 6,000	plus	\$ 6,000	\$ 12,000	\$ 3.66
Class 3	\$ 9,000	plus	\$ 9,000	\$ 18,000	\$ 5.49
Class 4	\$ 12,000	plus	\$ 12,000	\$ 24,000	\$ 7.32
Class 5	\$ 15,000	plus	\$ 15,000	\$ 30,000	\$ 9.15

These five classes enable employees in all grades to purchase the amount of insurance suitable to meet their requirements.

This new plan is so designed that any amount of premiums paid over and above claims paid, plus a fixed percentage for administrative costs, plus a small contingency reserve, will be returned annually to GEHA, Inc. as a refund of unearned premiums which may be allocated to reserve funds or dividend distribution. Should our "experience rating" continue in somewhat the same ratio as during the past seven years, this annual refund should be appreciable.

A further highly desirable feature is the "level premium" from age 18 to 65 which assures no advance in premium rates at ages 41 and 51 as exists in the present WAEPA contract.

WAEPA Life Insurance Plan

(Schedule of benefits and monthly premiums)

<u>Age Group</u>	<u>Basic Salary</u>	<u>Present Face Amount</u>	<u>Accidental Death Ben.</u>	<u>Total Coverage</u>	<u>Monthly Premium</u>
Up to 40 inc.	Less than \$3,200	\$ 6,000	\$ 7,500	\$ 13,500	\$ 4.17
	\$3,200 and over	\$ 12,000	\$ 15,000	\$ 27,000	\$ 8.33
41-50 incld.	Less than \$3,200	\$ 6,000	\$ 7,500	\$ 13,500	\$ 5.21
	\$3,200 and over	\$ 12,000	\$ 15,000	\$ 27,000	\$ 10.42
51-65 incld.	Less than \$3,200	\$ 6,000	\$ 7,500	\$ 13,500	\$ 6.25
	\$3,200 and over	\$ 12,000	\$ 15,000	\$ 27,000	\$ 12.50

There are but two classes available under the WAEPA plan as follows: Employees earning less than \$3,200 may apply for the small plan listed above whereas employees making more than \$3,200 per annum are obliged to purchase either the full amount of coverage or none at all. There are no intermediate classes as in the new United Benefit Plan.

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For several years the WAEPA plan has refunded no cash dividends to GEHA, Inc. despite the fact that they have realized a very large profit from premium payments in ratio to claims paid.

The WAEPA plan also has no provision for considering experience ratings and there is therefore no provision for dividend returns.

GENERAL CONSIDERATIONS

WAEPA: Insurance is effective the date application and premium are received in Insurance & Claims Branch.

Effective Date

UNITED BENEFIT: Same as WAEPA

WAEPA: Any employee is eligible to apply prior to age 60 and the insurance terminates at age 65.

Eligibility

UNITED BENEFIT: All civilian employees as well as detailed military personnel on active duty or detailed civilian personnel are eligible to apply for this plan prior to the age of 60.

Application for insurance is open to all civilian employees who may have overseas travel orders or "who may go overseas at some future date" or "who may be in training for overseas duty."

Application for insurance is open to all civilian employees or detailed civilian or military personnel without reference to possible overseas duty or travel orders.

WAEPA: Medical examination required whenever physical history statement indicates that such examination is necessary.

Medical Examination

UNITED BENEFIT: No medical examination required if insurance is requested during Annual Application Period. Requests for insurance presented outside of an Annual Application Period may subject applicant to medical examination, depending upon contents of physical history statement, except EOD within 60 days and except overseas returnee within 60 days of arrival.

WAEPA: Upon termination of Government employment or at attaining the age of 65, member may convert without medical examination to any standard form of life policy other than term issued by the Equitable Life.

Conversion

Upon termination of Government employment or at attaining the age of 65, member may convert without medical examination to any standard form of life policy other than term issued by United Benefit Life.

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WAEPA: No coverage

Disability Waiver
of Premium

UNITED BENEFIT: Any member becoming totally and presumably permanently disabled at any time prior to the age of 60 for a period of 6 months, has his future premiums automatically waived until recovery or until death regardless of age.

Accidental Death
Benefit

WAEPA: Exclusions from
accidental death benefits:

1. Bacterial infections
(except pyogenic infection
arising from accidental
wound).

2. Any kind of disease.

3. Medical treatment
(except from accidental
injuries).

4. Suicide.

5. Air flight in non-
scheduled flight, unless
under orders of the U.S.
Government and in any
flight as a crew member
of the plane.

UNITED BENEFIT: Exclusions from
accidental death benefits:

1. Bacterial infections
(except pyogenic infection
arising from accidental wound).

2. Any kind of disease.

3. Medical treatment (except
from accidental injuries).

4. Suicide.

5. Does not cover death
caused directly or indirectly
by an injury sustained by the
certificate holder while he is
acting as a pilot, co-pilot,
or crew member of any aircraft.
Any certificate holder travel-
ing as a passenger on any air-
craft is fully covered.

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ATTACHMENT 2

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COMPARISON OF HEALTH INSURANCE PLANS

CURRENT GHI CONTRACT

(OVERSEAS)

Hospitalization Benefits

1. Hospital Room and Board: \$10.00 per day for 21 days with 90-day interval on frequency, plus \$64.00 for 16 allocated hospital extras, except maternity - see No. 5 below.
2. Plus out-patient emergency up to.....\$10 within 2 hours of accident.
3. Effective date of Contract - 1st of next month.
4. Waiting Period. None for the applicant who joined initially in March 1953, and has continued his insurance without lapse, or for the EOD since then. Otherwise 10 months for maternity, tonsillectomy, adenoidectomy and for pre-existing conditions.
5. Maternity - \$9.00 per day room and board for 8 days except Caesarean, termination of ectopic pregnancy and miscarriage, for which hospitalization benefits are 1 above.

THE NEW MUTUAL OF OMAHA HEALTH PLAN

(OVERSEAS)

Hospitalization Benefits

1. Hospital Room and Board: \$9.00 per day for 90 days with no limit on frequency (1 work-day break) plus all hospital extras up to \$135.00 unallocated, except maternity - see No. 5 below.
2. Plus out-patient emergency up to \$135 within 24 hours of accident.
3. Effective date of Contract - Date of filing of application.
4. Waiting Period. No waiting period is required regardless of conditions existing prior to application except for the following instances regarding maternity: A waiting period of 9 months is required for maternity during the initial application period unless the applicant has current Group hospitalization and surgical coverage sponsored by the Association. Also, such waiting period is required when application for health insurance is made subsequent to this initial application period expiring 31 October 1954.
5. Maternity - \$9.00 per day room and board for 8 days, except Caesarean, termination of ectopic pregnancy and miscarriage, for which hospitalization is 1 above; (Omaha's national average for normal delivery is 6.6 days).

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OHI (Overseas) Hospitalization

New Omaha (Overseas) Hospitalization

6. TB, mental disorders, nervous disorders and quarantinable diseases - 10-day limit during any 12-month period for No. 1 above.
7. Ambulance. - Does not pay.
8. X-Ray - pays only if connected with surgery within 3 days and in a hospital.
9. Dependent Children - Added after 90th day to 18th birthday.
10. Congenital Anomalies - Not covered.
11. Pre-existing Conditions - Not covered if membership falls below 75 per cent of the potential number of subscribers.
12. Laboratory Tests - Only initial test, i.e., urinalysis and blood count.
13. Tonsillectomy and Adenoidectomy - 1 day for children, 2 days for all others.
14. Diagnosis - Not covered.
15. Service-Connected Disability - Not covered.
16. Physical Therapy - Not covered.
17. Specify Members of Family for Coverage. Yes, name and date of birth must be sent in, otherwise not covered.

6. Same as No. 1 above, full coverage as other illnesses.
7. Ambulance. - Pays, up to limit of \$25.00.
8. X-Ray - pays, no restriction if in hospital or authorized clinic.
9. Dependent Children - Added after 14th day to 19th birthday.
10. Congenital Anomalies - Full coverage at any age after the 14th day following birth.
11. Pre-existing Conditions - All are covered.
12. Laboratory Tests - All covered under hospital extras.
13. Tonsillectomy and Adenoidectomy - As No. 1 above.
14. Diagnosis - Covered, up to full 90-day period, thereby covering possible complications.
15. Service-Connected Disability - Covered, in any but Government hospitals.
16. Physical Therapy - Covered.
17. Specify Members of Family for Coverage. No specification; automatic coverage.

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GHI (Overseas) HospitalizationNew Omaha (Overseas) Hospitalization

18. Private Nurses. - Not covered.
19. Premium Based on Experience - No.
20. Plastic Surgery - Not covered unless the injury is received after individual is a subscriber.
21. Dental Surgery - If hospitalized, will pay only if performed by an M.D.
22. Out-patient surgical services. Not covered.

18. Private Nurses. - Not covered.
19. Premium Based on Experience - Yes, yearly modification possible.
20. Plastic Surgery - Covered regardless of when injury was received, except cosmetic surgery.
21. Dental Surgery - If hospitalized, will pay if performed by a dentist, a dental surgeon or an M.D.
22. Out-patient surgical services. Up to \$135.00 for hospital miscellaneous expense benefits incurred in connection with a surgical operation when the member is not hospital confined.

CURRENT GHI CONTRACT

THE NEW MUTUAL OF OMAHA HEALTH PLAN

(DOMESTIC-

Hospitalization BenefitsHospitalization Benefits

1. Hospital Room and Board: Plus 16 named (allocated) extras for 21 days (Semi-private - Participating Hospital) with 90-day interval on frequency plus \$5.00 per day for additional 180 days. If private room, \$10.00 per day only for room and board.
2. Plus out-patient emergency up to \$10.00 within 2 hours of accident.
3. Through 22 - Same as Overseas except No. 5, - maternity, which benefit is No. 1 above here for Caesarean, termination of ectopic pregnancy and miscarriage.

1. Hospital Room and Board: Up to \$13.50 per day for the 90 days with no limit on frequency (1 work-day break), plus all hospital extras up to \$202.50 unallocated, plus 75 per cent of the next \$5,000.00 of hospital extras.
2. Plus out-patient emergency up to \$202.50 within 24 hours of accident.
3. Through 22 - Same as Overseas except No. 5 - maternity which benefit is No. 1 above here for Caesarean, termination of ectopic pregnancy and miscarriage and except for No. 6, which benefit is No. 1 above here.

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- If in participating hospital, the benefits are those of local Blue Cross in that area. - uniform in all 48 States.
- If in non-participating hospital, the benefits are the same as the overseas rates.

Surgical Benefits

(Examples)

<u>GHI Surgical</u>	<u>New Mutual of Omaha Health</u>
\$ 100. . . Hernia, unilateral	\$100.00
140. . . Hernia, bilateral	140.00
100. . . Appendectomy	100.00
175. . . Radical mastectomy	187.50
125. . . Fracture of spine	93.75
75. . . Hip dislocation.	43.75
200. . . Prostatectomy	187.50
80. . . Normal delivery.	80.00
150. . . Caesarean.	150.00
175. . . Removal of kidney.	250.00
150. . . Removal of cataract.	187.50
250. . . Gastrectomy.	250.00
55. . . Tonsillectomy.	55.00
55. . . Adenoidectomy.	55.00
60. . . Hemorrhoidectomy	62.50
165. . . Hysterectomy	165.00
85. . . Amputation - arm, foot	125.00
200. . . Skull fracture - compound.	250.00
35. . . Fracture of base of spine.	62.50
25. . . Bronchoscopy	50.00
50. . . Varicocele removal	62.50
200. . . Thyroid removal.	187.50
150. . . Mastoidectomy, simple	125.00
200. . . Mastoidectomy, radical	187.50
\$ 3,000	\$ 3,157.50
Average \$ 125	Average \$ 132.00

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Premium Costs

GHI				NEW MUTUAL OF OMAHA HEALTH			
<u>Premium (Monthly)</u>				<u>Premium (Monthly)</u>			
<u>Hosp.</u>	<u>Surgical</u>	<u>Total</u>		<u>Hosp.</u>	<u>Surgical</u>	<u>Total</u>	<u>Diff.</u>
1.70	1.00	2.70 individual contract			2.70	
3.70	3.20	6.90	individual and spouse and children.			7.98	+1.08

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LIFE INSURANCE
AND
HEALTH INSURANCE



GOVERNMENT EMPLOYEES HEALTH ASSOCIATION, INC.

Approved For Release 2003/08/13 : CIA-RDP86-00964R000100110056-4
1 August 1954

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LIFE INSURANCE
AND
HEALTH INSURANCE

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FOREWORD

It is our objective to offer the best and least expensive employee and family protection against death, accident, and illness that it is possible to provide and to make these benefits available under such conditions that all members of the Association may participate without concern for revealing administrative procedures. We believe that this objective has been attained.

The following pages describe two new separate group plans in the fields of life insurance and health insurance. Both plans provide these important features; consideration of the different earning levels of all of our members; more complete protection; dividends; extended coverage after termination; and adjustment of future premiums as experience warrants.

The Insurance and Claims Office will furnish additional information and assistance to individual members who wish to apply for either or both of these plans of group insurance.

GOVERNMENT EMPLOYEES
HEALTH ASSOCIATION, INC.

INTRODUCTION

The Life Insurance Plan consists of group term life insurance providing protection for the family against death of the employee, including accidental death. The Health Insurance Plan substantially protects the employee and his family against hospitalization and surgical costs.

Each plan is administered by the Government Employees Health Association, Inc., constituted for this purpose, and briefly known as GEHA.

The Life Insurance Plan will be known and operated as:

"GEHA-Life"

The Health Insurance Plan will be known and operated as:

"GEHA - Health"

The Life Insurance Plan is underwritten by the United Benefit Life Insurance Co. of Omaha, Nebraska. The Health Insurance Plan is underwritten by the Mutual Benefit Health and Accident Association of Omaha, Nebraska.

The latter company is the largest exclusive health and accident company in the world. Mutual of Omaha's companion company, United Benefit, is among the top 6% of the Nation's life companies, and has over 1¼ billion dollars of life insurance in force.

THE LIFE INSURANCE PLAN

ELIGIBILITY

All members of the Government Employees Health Association, Inc. in good standing and who are under the age of 60 are eligible to purchase the life insurance coverage which includes a double indemnity accidental death provision. The insurance may be held until the member reaches age 65 when it is cancelled if not converted.

Detailed military personnel on active duty who are members of GEHA and meet the above age requirement are eligible to purchase life insurance. These military members may retain their insurance for the full duration of their membership in the Association. This same opportunity is extended to detailed civilian personnel who are members of GEHA.

The death of any member of the GEHA who is or becomes a member of the military services of this or any other country, which results from an Act of War, whether declared or undeclared, is not covered under this contract.

SCHEDULE OF BENEFITS AND MONTHLY PREMIUMS

The face amounts of life insurance, accidental death benefits and monthly premiums of the five classes of insurance that may be selected by members of GEHA are as follows:

Class	Face Amount		Accidental Death Benefit	Monthly Premium
Class 1.....	\$ 3,000.....	plus.....	\$ 3,000.....	\$1.83
Class 2.....	\$ 6,000.....	plus.....	\$ 6,000.....	\$3.66
Class 3.....	\$ 9,000.....	plus.....	\$ 9,000.....	\$5.49
Class 4.....	\$12,000.....	plus.....	\$12,000.....	\$7.32
Class 5.....	\$15,000.....	plus.....	\$15,000.....	\$9.15

SELECTION OF CLASS

Initial Selection

A member earning \$3,200 or less annually may select, initially, Class 1 or Class 2. A member earning \$3,201 or more may select, initially, any one of the five classes.

Subsequent Changes

A member may change to the next class for which he qualifies, within sixty days of a grade change in salary. Within-grade step increases are not to be considered.

A member may apply for benefits of a higher class *at any time* by furnishing the Association satisfactory evidence of insurability by medical examination. In that event the member must retain the coverage of the higher class for 12 continuous months, in order to retain his membership in the Association and this insurance coverage.

A member may change to a lower class *only* if he has held his current coverage for 12 continuous months or more.

ACCIDENTAL DEATH COVERAGE

The double indemnity provision covering accidental death is automatically included. This accidental death benefit feature insures the member against loss of life resulting directly, and independently of all other causes, from bodily injuries produced solely through accidental means.

If the bodily injuries sustained by the insured member result in loss of life within ninety days from date of accident, such amount of Principal Sum in force on the life of the member will be paid to the named beneficiary.

LIMITATIONS

The *accidental* death benefit does not cover death caused directly or indirectly, wholly or partly

- (a) By bacterial infections (except pyogenic infections which shall occur with and through an accidental cut or wound), or
- (b) By any kind of disease, or
- (c) By medical or surgical treatment (except such as may result directly from such treatment made necessary by injuries covered by this policy), nor shall it cover
- (d) Suicide or any attempt thereat, while sane or insane, nor
- (e) Death from any injuries sustained as the result of or while participating in aeronautics, aviation, air travel or air transportation except as a passenger. The term "passenger" is understood to exclude pilot, copilot, and all other members of the crew, engaged in the operation of the aircraft.
- (f) Death after any premium has been waived.

CONVERSION PRIVILEGE

A certificate holder may convert his insurance to any permanent plan of life insurance, other than term, underwritten by the United Benefit Life Insurance Company, without physical examination, when he reaches the age of 65 or within 31 days after termination of his employment.

PREMIUM WAIVER FOR TOTAL AND PERMANENT DISABILITY

In the event a certificate holder becomes totally and, presumably, permanently disabled prior to the age of 60, his insurance will remain in force without payment of premium until recovery or death regardless of age.

CONTINUATION OF INSURANCE UPON TERMINATION OF EMPLOYMENT

The life insurance will continue in effect for 31 days following termination of employment.

PAYMENT OF INSURANCE BENEFITS

The beneficiary may elect to have the death benefit paid as follows,

- in a lump sum, or
- in a series of monthly installments, or
- partly in a lump sum and the balance in a series of monthly installments.

The beneficiary may be changed at any time upon the written request of the certificate holder.

MEDICAL EXAMINATION

No medical examination is required from an applicant member during the Annual Application Period or from an overseas returnee on permanent change of station within 60 days after arrival, or from an applicant during the first 60 days after entry on duty. Members applying under any other than the above circumstances must show evidence of insurability by medical examination.

APPLICATION PROCEDURES

Application for membership in the Government Employees Health Association, Inc. may be submitted to the Insurance and Claims office within 60 days after an employee has entered on duty, or within 60 days after an employee has returned—permanent change of station—from an overseas assignment, or on the occasion of the Annual Application Period. The current Application Period extends from 1 August 1954 until 31 October 1954.

Other than during the above periods an employee may make application showing evidence of insurability by medical examination. The life insurance becomes effective the day the application is received and payment made to the Insurance and Claims office.

Persons whose applications for membership are approved will become members of the Government Employees Health Association, Inc. upon the payment of a one dollar membership fee. Employees who are currently members of the Association may continue their membership without the payment of an additional membership fee. Applications for life insurance coverage *must* be accompanied by payment of the first two months premium and the membership fee in the Association. Checks in payment of premiums should be made payable to "GEHA-Life".

THE HEALTH INSURANCE PLAN

ELIGIBILITY

All employees wherever located, who are members of the Government Employees Health Association, Inc., in good standing are eligible to purchase the health insurance coverage for themselves and their families.

MONTHLY PREMIUMS

Monthly premiums for the single member and the family are listed below:

Hospital and Surgical Services	Monthly Premium
Single (member only).....	\$2.70
Family (member, spouse and all children between the ages of 14 days and 19 years)*.....	\$7.98

*Married children or children separately insured under the Health Insurance Plan are excluded.

HEALTH INSURANCE COVERAGE

The Health Insurance Plan provides hospital and surgical service benefits for all types of illness or accidents including the following:

1. Tuberculosis
2. Heart conditions
3. Mental and Nervous disorders
4. Quarantinable diseases
5. Cancer
6. Pre-existing diseases

The Health Insurance Plan has *only* two exclusions. It does not cover:

1. Claims which are properly payable under the Federal Employees Compensation Act, or similar legislation.
2. Claims for services other than those provided by the hospital. (i.e. special or private nurses or doctors calls).

HOSPITAL SERVICE BENEFITS IN THE UNITED STATES

The benefits listed below are available under the Health Insurance Plan to insured members and their dependents in any hospital they may select within the continental limits of the United States.

SERVICE	BENEFIT
1. <i>Hospital Room and Board:</i> (Private or Semi-private Room)	Up to \$13.50 per day Room and Board for up to 90 continuous days with no limit on frequency (one-day return to work break except normal maternity. (See No. 3 below)
2. <i>Hospital Extras:</i> (unallocated)	Up to \$202.50 plus 75% of the covered hospital extras up to \$5,000.00 of benefits.
3. <i>Normal Maternity:</i>	\$9.00 per day Room and Board for 8 days.
4. <i>Abnormal Maternity:</i> (Caesarean, Termination of Ectopic Pregnancy and Miscarriage)	Up to \$13.50 per day Room and Board for 90 days plus extras—as paid in Nos. 1 and 2 above.
5. <i>Tonsillectomies and Adenoidectomies:</i>	Paid under Nos. 1 and 2 above.
6. <i>Out-Patient Emergency Service:</i>	Up to \$202.50 for injuries requiring medical attention within 24 hours of accident.
7. <i>Out-Patient Surgical Services</i>	Up to \$202.50 for hospital miscellaneous expense benefits incurred in connection with a surgical operation where the member is not hospital confined.
8. <i>Ambulance:</i>	Fees for transportation to and from hospital paid under hospital extras in No. 2 above. (Limit \$25.00).
9. <i>Anesthesiologist:</i>	Up to \$25.00 for other than regular hospital personnel for administration of anesthetic paid under hospital extras.

10. *Medical Services in Hospital or authorized Clinic:*
(including X-ray, laboratory tests, physical therapy, and diagnosis)
- Paid under hospital extras in No. 2 above.

HOSPITAL SERVICE BENEFITS OVERSEAS

The benefits listed below are available under the Health Insurance Plan to certificate holders and their dependents in any hospital they may select outside the continental limits of the United States.

SERVICE	BENEFITS
1. <i>Hospital Room and Board:</i> (Private or Semi-private Room)	Up to \$9.00 per day Room and Board for up to 90 continuous days with no limit on frequency (one-day return to work break)—except normal maternity (see No. 3 below).
2. <i>Hospital Extras:</i> (unallocated)	Up to \$135.00.
3. <i>Normal Maternity:</i>	\$9.00 per day Room and Board for 8 days.
4. <i>Abnormal Maternity:</i> (Caesarean, Termination of Ectopic Pregnancy and Miscarriage)	Up to \$9.00 per day Room and Board for 90 days plus extras—as paid in Nos. 1 and 2 above.
5. <i>Tonsillectomies and Adenoidectomies:</i>	Paid under Nos. 1 and 2 above.
6. <i>Out-Patient Emergency Services:</i>	Up to \$135.00 for injuries requiring medical attention within 24 hours of accident.

7. *Out-patient Surgical Services* Up to \$135.00 for hospital miscellaneous expense benefits incurred in connection with a surgical operation where the member is not hospital confined.
8. *Ambulance:* Fees for transportation to and from hospital included under hospital extras in No. 2 above (limit \$25.00).
9. *Anesthesiologist:* Up to \$25.00 for other than regular hospital personnel for administration of anesthetic paid under hospital extras.
10. *Medical Services in Hospital or authorized Clinic:* (including X-ray, laboratory tests, physical therapy, and diagnosis) Paid under hospital extras in No. 2 above.

SURGICAL BENEFITS IN THE UNITED STATES AND OVERSEAS

Benefits for surgical service performed in a hospital, doctor's office, or at home, listed below, are available under the Health Insurance Plan to certificate holders and their dependents, no matter in what part of the world they are located. Benefits for dental surgical services, however, are available only if they are performed in a hospital.

SERVICE

BENEFIT

1. *Surgical services*

Up to \$250.00 paid in accordance with the master schedule.
(Available for inspection).

EXAMPLES FROM THE SCHEDULE

Hernia, unilateral	\$100.00	Amputation—arm, foot ..	\$125.00
Hernia, bilateral	140.00	Skull fracture—compound	250.00
Appendectomy	100.00	Fracture of base of spine	62.50
Radical mastectomy	187.50	Bronchoscopy	50.00
Fracture of spine	93.75	Varicocele removal	62.50
Hip dislocation	43.75	Thyroid removal	187.50
Prostatectomy	187.50	Mastoidectomy, simple....	125.00
Removal of kidney	250.00	Mastoidectomy, radical..	187.50
Removal of cataract	187.50	Normal delivery	80.00
Gastrectomy	250.00	Caesarean	150.00
Tonsillectomy }	55.00	Abdominal operation	
Adenoidectomy }		for extra-uterine	
Hemorrhoidectomy	62.50	pregnancy	150.00
Hysterectomy	165.00	Abortion or miscarriage..	50.00

2. *Services Related to Surgery:* (Anesthetist, X-ray, Clinical laboratory)

Paid under hospital extras.

3. *Dental Surgical Services:*

Paid in accordance with No. 1 above if performed in a hospital by a dentist, dental surgeon, or an M. D.

4. *Plastic Surgery:*

(for injury incurred at any time, except for cosmetic surgery)

Paid in accordance with No. 1 above.

WAITING PERIOD

No waiting period is required regardless of conditions existing prior to application except for maternity in the instances described below.

A waiting period of 9 months is required for maternity when application for health insurance is made *during* the initial Application Period—1 August to 31 October, 1954—if the applicant does not have current group hospitalization and surgical coverage sponsored by the Association.

A waiting period of 9 months is required for maternity when application for health insurance is made *subsequent* to the initial Application Period—1 August to 31 October 1954.

CONTINUATION OF INSURANCE UPON TERMINATION OF EMPLOYMENT

The health insurance will continue in effect until the end of the month in which employment terminated. Maternity benefits are extended for a period of 9 months subsequent to the termination of employment of the certificate-holder, provided the female member or the dependents of a male member have been insured for the previous nine months.

EXTENDED BENEFITS

Benefits for hospitalization and surgery performed during the continuance of disability are payable within thirteen weeks following the date such disability terminated the employment of the member.

PAYMENT OF INSURANCE BENEFITS

The benefits provided in the Health Insurance Plan will be paid to the insured member upon the submission of his claim to the Insurance and Claims Office. Such claims must be substantiated by receipted bills from the appropriate hospital or clinic, doctor or dental surgeon.

MEDICAL EXAMINATION

No medical examination is required from an applicant member during the period of an Annual Application Period, or from an overseas returnee on permanent change of station, within 60 days after arrival, or from an applicant during the first 60 days after entry on

duty. Members applying under any other than the above circumstances must show evidence of insurability by medical examination.

APPLICATION PROCEDURES

Application for membership in the Government Employees Health Association, Inc. may be submitted to the Insurance and Claims Office within 60 days after an employee has entered on duty, or within 60 days after an employee has returned—permanent change of station—from an overseas assignment, or on the occasion of the Annual Application Period. The current Application Period is from 1 August until 31 October 1954.

Other than during the above periods a member may make application showing evidence of insurability by medical examination.

Persons whose applications for membership are approved will become members of the Association upon the payment of a one dollar membership fee. Employees who are currently members of the Government Employees Health Association, Inc. may continue their membership without the payment of an additional fee. Application for health insurance *must* be accompanied by the payment of premiums for two months and the membership fee in the Association. Checks in payment of premiums shall be made payable to "GEHA-Health".

CONVERSION PRIVILEGE

Upon termination of membership in the Association by reason of termination of employment, the insured employee may convert his health insurance to an individual policy offered by the Mutual Benefit Health and Accident Association of Omaha without evidence of insurability, at a slightly increased rate, providing the employee

- (a) is less than 75 years of age
- (b) applies for the conversion policy within 30 days of termination of his group insurance.

This insurance may include the employee and all of his dependents who were insured under his group certificate. Coverage for dependent children terminates at age nineteen, but they may apply for a conversion policy on an individual basis.

The insurance will be effective on the date the application and the required premium are accepted by the Company, and will continue in force for not less than six months after the effective date. Renewal after the first six months will be subject to the consent of the Company.

This Booklet is distributed for the purpose of presenting general information only. Its contents are not to be accepted or construed as a substitute for the provisions of the Master Policies.

GOVERNMENT EMPLOYEES
HEALTH ASSOCIATION, INC.

CONDITIONS OF MEMBERSHIP IN GEHA

The Board of Directors of the Government Employees Health Association, Inc. determines all matters concerned with eligibility for and retention of membership in the Association.

To be eligible to purchase insurance coverage, a person must be a member of the Association, in good standing.

Premiums on certificates must be paid and maintained a minimum of two months in advance. The certificate of any person not complying with this requirement will be cancelled automatically at the end of the period for which his premium has been paid.

The Association will maintain exclusive relationships with the underwriting companies. Under no circumstances may a member of the Association make direct contact with these companies or their agents.

THE LIFE INSURANCE PLAN and THE HEALTH INSURANCE PLAN

Underwritten by

UNITED BENEFIT LIFE INSURANCE COMPANY
Omaha, Nebraska

and

MUTUAL BENEFIT HEALTH AND ACCIDENT ASSOCIATION
Omaha, Nebraska